MINUTES

EMERGENCY MEDICAL SERVICES & TRAUMA SYSTEM

JOINT
DRUG & DEVICE COMMITTEE
PROCEDURE/PROTOCOL COMMITTEE

April 4, 2007—10:00 A.M.

MEMBERS PRESENT

Richard Henderson, M.D., Chairman
David Slattery, M.D., LVFR
Bruce Evans, EMT-P, NLVFD
John Higley, EMT-P, MFR
Richard Main, EMT-P, AMR
Russ Cameron, EMT-P, CCFD (Alternate)
Allen Marino, M.D., MWA
Jo Ellen Hannom, R.N., CCFD
Sandy Young, R.N., LVFR
Scott Vivier, EMT-P, HFD (Alternate)
Jon Kingma, EMT-P, BCFD
Jason Meilleur, EMT-P, MWA

MEMBERS ABSENT

Larry Johnson, EMT-P, MWA
Aaron Harvey, EMT-P, HFD
Chief David Petersen, MFR
Thomas Geraci, D.O., MFR
Julie Siemers, R.N., Mercy Air
Brent Hall, EMT-P, CCFD

SNHD STAFF PRESENT

Rory Chetelat, EMS Manager
Trish Beckwith, EMS Field Representative
Moana Hanawahine-Yamamoto, Administrative Assistant
Mary Ellen Britt, R.N., Regional Trauma Coord.
Judy Tabat, Recording Secretary

PUBLIC ATTENDANCE

K. Alexander Malone, M.D., NLVFD
Syd Selitzky, EMT-P, HFD
Amanda Curran, EMT-P, MWA
Susie Kochevar, R.N., NLVFD
Asst Chief Cherina Kleven, LVFR
Marie Lemmon, R.N., Mercy Air
Jennifer Hall, EMT-P, AMR
Kathy Bonusevich, R.N., Mountain View Hosp
Jason Edell, CCSN Student
Debra Pinkney
E. P. Homansky, M.D., AMR
Tim Crowley, EMT-P, LVFR
Brian Rogers, EMT-P, MWA
Rod Hackwith, CCSN
Randy Howell, EMT-P, HFD
Ron Tucker, EMT-P, MWA
Mike Afanasiev, EMT-P, CCFD
Jackie Levy, R.N., UMC
Clem Strumillo, CCSN Student

I. CONSENT AGENDA

The Joint Drug & Device and Procedure/Protocol Committee convened in the Clemens Room of the Ravenholt Public Health Center on Wednesday, April 4, 2007. Chairman Rick Henderson, M.D., called the meeting to order at 10:00 a.m. and the Affidavit of Posting was noted in accordance with the Nevada Open Meeting Law. Dr. Henderson noted that a quorum was present.

Minutes Drug & Device Committee Meeting June 7, 2006
Minutes Procedure/Protocol Committee Meeting December 6, 2006

Dr. Henderson asked for a motion to approve the minutes of the June 7, 2006 Drug & Device Committee meeting and the minutes of the December 6, 2006 Procedure/Protocol Committee meeting. A motion was made, seconded and passed unanimously to approve the minutes as written.

II. REPORT/DISCUSSION/POSSIBLE ACTION

A. Discussion of Removal of Valium and Lasix from the Official Air Ambulance Ground Ambulance & Firefighting Agency Inventory

Dr. Henderson referenced the article by Dr. Jaronik and stated that he is convinced that there is no proven benefit for the use of Lasix in the prehospital setting. Dr. Slattery felt that the concern is when Lasix is given to the wrong patient and stated that the only way to get evidence that Lasix works is with a randomized control trial in the field. He added that instead of removing Lasix we should be more precise with our protocols in terms of treating the patient that should be getting Lasix.

Dr. Marino stated that even physicians have difficulty diagnosing congestive heart failure (CHF) and felt it would be better to concentrate efforts on giving Nitroglycerin during the 15 minute transport and letting the Emergency Department determine if Lasix is needed. He added that his statement in no way implies that the paramedics' scope of practice should be limited or that they are not doing a good job in the field.

Ms. Young stated that the crews have seen the positive benefit from Lasix when patients are begin diuresis and suggested giving it by physician order. Dr. Malone agreed that might be a reasonable alternative. Dr. Marino noted that a standard has already been set to move away from physician orders.

Mr. Vivier stated that we provide treatments that have a proven benefit as we move to evidenced-based medicine. He added that we can't use the logic that just because it's beneficial in the Emergency Department it's beneficial in the prehospital setting. Mr. Vivier stated that paramedics can identify pulmonary edema very well but cannot identify pulmonary edema caused by CHF with any level of specificity that would meet a safety profile. He felt that we are carrying Lasix for a single limited use and the evidence shows there is no benefit for early administration of Lasix in the prehospital setting.

Dr. Homansky believes that there is definitely an early vasodilatory effect from the Lasix and he sees it as a drug with some efficacy in the prehospital setting until more data is submitted. He remarked that this is an opportunity to ensure the protocol and education is appropriate.

Mr. Evans offered a compromise to have the committee consider eliminating Lasix by January of 2009 and utilizing CPAP in the next protocol rollout in the interim, and conduct a randomized odd/even day study to look at outcome. Mr. Cameron felt that was an excellent point and commented on Dr. Marino's statement that there is a real area of concern in the field. When drugs are removed without a randomized study or any real data backing up the decision to remove the drugs, it is interpreted as micromanaging the inventory. He added that not only do we need to back up the decisions with evidence-based data but also properly educate the prehospital providers via doctors on videotape so they understand the reasons behind the decision.

Dr. Marino stated that we need to identify the right patient and not the drug. He felt the better study is intervention and education on confirming the patient is being properly identified because putting the wrong patient on CPAP can also be harmful. Dr. Henderson remarked that giving Lasix in the prehospital setting is not worth the risk, even with the appropriate patient. Noting that there is not enough evidence

to make that decision, Dr. Slattery reiterated that we can write a protocol for the treatment of CHF patients.

Dr. Marino suggested that a motion be made to refer the issue to the Education Committee to implement a CHF identification training program to determine whether the prehospital providers can correctly classify CHF patients. Dr. Henderson stated that a randomized every other day Lasix study also needs to be done. Dr. Marino commented that that type of study needs IRB approval and an easier study would be "Can we identify the patient?" Mr. Evans agreed and felt that the paramedics would be more receptive if it was tied into a study or educational piece. Dr. Henderson felt the opposite, that the paramedics would be more receptive towards a Lasix study.

Dr. Slattery stated that both issues are important and both need to be done. He added that he would spearhead with anybody who is interested looking at a study to do an odd/even day pseudo randomized control trial of Lasix for acute decompensated heart failure. In addition, Dr. Marino's suggestion for a before and after polling for accuracy of diagnosis is excellent based on measuring the effectiveness of the education tool.

Mr. Higley suggested that a caution be added to the Lasix formulary for patients with hypersensitivity to sulfa drugs and with patients taking Lithium and Digoxin. Dr. Henderson stated that could be addressed in the next protocol rollout.

Dr. Slattery made a motion to take an objective look at the use of Lasix in our EMS system, contingent on interest and funding from each of the agencies putting forth a study evaluating the efficacy of and safety of Lasix given for acute decompensated heart failure and pulmonary edema patients in the field. The motion was seconded and passed unanimously.

Dr. Marino voiced concern over the redundancy of carrying two benzodiazepines on the trucks. Versed gives you the option of giving it IM where Valium does not and it has been shown to be effective for seizures and has a shorter half life where the patient will wake up quicker.

Mr. Higley referred to several of the articles and stated that Valium became the backup drug for the Intranasal Versed in every one of their patients and questioned whether we really want to remove it or make it a secondary choice. Dr. Henderson stated that the issue is the absorption not the medicine. Versed didn't get absorbed so you use an IV. Mr. Vivier stated that the literature was comparing IM Versed to IV Valium and when you compare IV Valium to IV Versed it is equivalent for treating seizures.

Dr. Homansky reported that the removal of Valium would have passed a number of years ago with the consensus of the entire MAB, with the exception of the pediatric community. Since then, the pediatric community is very comfortable with Versed in seizures.

Dr. Homansky made a motion to remove Valium from the paramedic drug inventory at the time of the new protocol rollout so the education about the efficacy of Versed can be included with the additional protocol changes. The motion was seconded and passed, with Jon Kingma, Russ Cameron and John Higley opposed.

B. Discussion of Addition of Nasal Narcan and Nasal Versed to the Official Air Ambulance, Ground Ambulance & Firefighting Agency Inventory

Jo Ellen Hannom and Mike Afanasiev conducted a PowerPoint presentation on Intranasal Medication in the Prehospital setting which included Intranasal Naloxone (Narcan) and Intranasal Midazolam (Versed). She explained that this was originally looked at as a pilot study, but after review of the results of the studies she feels the intranasal Narcan should be added to the Altered Mental Status protocol and the intranasal Versed should be added to the Behavioral Emergencies protocol as an alternate route for the paramedics.

A motion was made to add Intranasal Narcan and Intranasal Versed to the Official Air Ambulance, Ground Ambulance & Firefighting Agency Inventory. The motion was seconded and passed unanimously.

C. Discussion IV Access Requirement for the Administration of Nitroglycerin

Dr. Slattery recalled that ALS providers used to be required to have an IV in place prior to administering Nitroglycerin for chest pain. He noted that the verbiage has since been removed and suggested adding it back to the protocol as Nitroglycerin can cause the blood pressure to plummet in certain situations.

A motion was made to approve the recommended change as discussed. The motion was seconded and passed unanimously.

III. INFORMATIONAL ITEMS/DISCUSSION ONLY

None.

IV. PUBLIC APPEARANCE/CITIZEN PARTICIPATION

None.

V. ADJOURNMENT

As there was no further business, Dr. Henderson called for a motion to adjourn. The motion was made, seconded and passed unanimously to adjourn at 11:00 a.m.